

No. W 61411		Due no later than Apr 30, 2015		Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. IN TOUCH REHABILITATION SERVICES, PLLC C/O WITHERSPOON KELLEY 608 NW BLVD STE 300 COEUR D'ALENE ID 83814				ELEVEN-FOURTEEN, INC 608 NW BLVD STE 300 COEUR D'ALENE ID 83814	
						3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	BRAD SHARPLES-FAUCHER	N. 3015 SAND TRAP WAY	POST FALLS	ID		83854	
MEMBER	LEE NAGLE	12387 NORTH NINE BARK ROAD	HAUSER	ID		83854	
5. Organized Under the Laws of: ID W 61411		6. Annual Report must be signed.* Signature: Dennis M. Davis Name (type or print): Dennis M. Davis					
		Date: 04/29/2015 Title: Registered Agent					
Processed 04/29/2015		* Electronically provided signatures are accepted as original signatures.					